

ARKANSAS SCHOOL FOR THE DEAF

SUMMER SCHOOL - 2006

Registration Form

June 12 - June 30

Fill in all blanks

Student's Name _____ School District _____ ASD _____

1. Birthday ____/____/____ Sex ____ Age ____ Grade ____ Day ____ Dorm ____

2. Student's Hospitalization Insurance Name and Address Policy # and/or Identification #

_____/_____
_____3. Medicaid # _____
*If no insurance, who is responsible for bill?

4. Parent/Guardian Name (s) and Address

_____Home Phone (____) _____
____ Voice ____ TTY ____ Video Ph. _____

5. Who to contact in case of an emergency: Cell Phone _____

Name/relationship/phone # ____ Voice ____ TTY _____

Name/relationship/phone # ____ Voice ____ TTY _____

Name/relationship/phone # ____ Voice ____ TTY _____

6. Name of father's/guardian's work _____ Town _____

Father/Guardian's work # _____ Voice ____ TTY _____

Name of mother's/guardian's work _____ Town _____

Mother/Guardian's work # _____ Voice ____ TTY _____

7. Medical Release

Permission is given to the Arkansas School for the Deaf and its staff to take necessary steps, medical and otherwise, in the event of an emergency with my son/daughter. Medical attention will be given only upon orders from the doctor or other medical attendants. This permission includes the administering of prescription drugs as well as the use of emergency medical facilities in the area where the child is when the emergency occurs. **Any medication sent to school for dispensation must have a copy of the original prescription.**

_____YES _____NO

8. Extracurricular Activities

Permission is given for my son/daughter to participate in the extracurricular activities during the Summer School Program of the Arkansas School for the Deaf. I understand the increased likelihood for physical injury resulting from participation in such programs. I hereby release the Arkansas School for the Deaf and its staff from liability for such an accident should it occur.

_____YES _____NO

9. Photograph Release

I give my permission for my child to have pictures made and used for public awareness.

_____YES _____NO

10. Transporting Students

I give my permission for my child to be transported by ASD staff members in school vehicles to and from ASD for field trips and other ASD sanctioned activities.

_____YES _____NO

11. Permission for others to take student off campus and/or visit student (Attach sheet for more space)

Name/relationship/phone # _____Voice _____TTY

Name/relationship/phone # _____Voice _____TTY

Name/relationship/phone # _____Voice _____TTY

- **I understand that my child is expected to follow all rules and policies established by ASD. Failure to comply with these rules may result in my child not completing the Program.**

Date _____ **Signature** _____

